



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2023 NOV 6 2:17 PM
FOR SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000115839		2. Exact name of the Corporation NEI GENERAL CONTRACTING INC.	
3. Principal Office Address 27 PACELLA PARK DRIVE		City RANDOLPH	State MA
		Zip 02368	
4. NAICS Code 236118	5. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR FOR CONSTRUCTION/REMODELING OF ALL TYPES OF COMMERCIAL & RESIDENTIAL STRUCTURES		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOSEF RETTMAN		Vice-President Name	
Street Address 27 PACELLA PARK DRIVE		Street Address	
City RANDOLPH	State MA	City	State
Secretary Name JOSEF RETTMAN		Treasurer Name JOSEF RETTMAN	
Street Address 27 PACELLA PARK DRIVE		Street Address 27 PACELLA PARK DRIVE	
City RANDOLPH	State MA	City RANDOLPH	State MA
		Zip 02368	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JOSEF RETTMAN		Director Name	
Street Address 27 PACELLA PARK DRIVE		Street Address	
City RANDOLPH	State MA	City	State
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 20000	
		CLASS/SERIES CNP	
		PAR VALUE 0	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative JOSEF RETTMAN		Date 11/2/23	
Signature of Authorized Representative			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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FORM 630- Revised: 04/2023

BY LKS DSC21